

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective January 1, 2003

**Application or Docket Number**

10660754.

**CLAIMS AS FILED - PART I**

TOTAL CLAIMS	6	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	0 minus 20 =	* 0
INDEPENDENT CLAIMS	7 minus 3 =	* 0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus		
Total	* 37	Minus	** 20	= 17
Independent	* 3	Minus	*** 3	= /

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

SMALL ENTITY TYPE <input type="checkbox"/>		OTHER THAN OR SMALL ENTITY	
RATE	FEES	RATE	FEES
BASIC FEE	375.00	OR BASIC FEE	750.00
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL		OR TOTAL	710

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus		
Total	* 37	Minus	** 20	= 17
Independent	* 3	Minus	*** 3	= /

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$ 50=	850.00
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDT. FEE		OR	TOTAL ADDT. FEE	850.00

\* If the difference in column 1 is less than zero, enter "0" in column 2

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Independent		
Total	*	Minus	**	=
Independent	*	Minus	***	=

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT C	COUNTRY 7		(COLUMN 2)	COLUMN 3
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		X\$18=	
X42=		X84=	
+140=		+280=	
TOTAL ADDT. FEE		TOTAL ADDT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

**• If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".**

**\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter 20.**

The "Highest Number Previously Filled In" in this space is less than 3, enter "3".